Dear Doctor:

Our office is in receipt of your request to reinstate your license to practice medicine and surgery. Our records indicate that your license was expired or placed on inactive status.

In order to reinstate your license, you must submit the following documentation:

1. Reinstatement Application: Neb. Rev. Stat. 38-2026(4) states that an applicant for a license in medicine and surgery must present proof satisfactory to the Department that he or she, within the three years immediately preceding the application for licensure, (a) has been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year, (b) has had at least one year of graduate medical education as described in subdivision (2) of this section, (c) has completed continuing education in medicine and surgery approved by the board, (d) has completed a refresher course in medicine and surgery approved by the board, or (e) has completed the special purposes examination approved by the board.

   Be advised that the Board of Medicine and Surgery **does not routinely accept continuing education or the special purposes examination alone as acceptable to meet the experience requirement in the absence of recent practice or other evidence of continued competency.**

   Neb. Rev. Stat. 38-2026.01 gives the Department, with the recommendation of the Board, authority to issue a reentry license to a physician who has not actively practiced medicine for the two-year period immediately preceding the filing of an application for a license or who has not otherwise maintained continued competency during such period as determined by the Board.

   Following is the link to the Statutes Relating to Medicine and Surgery where you can read the complete language regarding the reentry license. http://dhhs.ne.gov/Licensure/Documents/MedSurgPerfusionGenCouns.pdf

   The Board of Medicine and Surgery will review applications for a license, either initial application or reinstatement of license, which do not clearly meet the requirements for experience (continued competency) as outlined in the statutes listed above. The Board will make a recommendation to the Department to either issue the license, deny the application or offer a reentry license to the applicant. (This assumes there are no matters whereby discipline would be appropriate**.) Please be aware, that if a reentry license is decided upon by the Board and Department, the process would be that the application be denied <u>if the applicant does not accept the reentry license</u>.**

2. A copy of your Federal Controlled Substance Registration Card (if applicable);

3. Proof of Age and Citizenship (if not a U.S. Citizen):
   a. Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
   b. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
      (1) A U.S. Passport (unexpired or expired);
      (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
      (3) An American Indian Card (I-872);
      (4) A Certificate of Naturalization (N-550 or N-570);
      (5) A Certificate of Citizenship (N-560 or N-561);
      (6) Certification of Report of Birth (DS-1350);
      (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
      (8) Certification of Birth Abroad (FS-545 or DS-1350);
      (9) A United States Citizen Identification Card (I-197 or I-179);
      (10) A Northern Mariana Card (I-873);
      (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
      (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
      (13) A document showing an Alien Registration Number ("A#"); or
      (14) A Form I-94 (Arrival-Departure Record);

4. Proof of Liability (Malpractice) Information:

   <u>If You Answered YES To Section VI Question #1:</u> **Indicate the total number of claims you have had which resulted in:**
   a. an adverse judgment against you;
   b. a settlement made on your behalf, including those made prior to suit in which the patient released any professional liability claim against you;
   c. an award was required or made by you or on your behalf.

Submit a **detailed explanation of each claim to include the following:**

1. Name, sex and age of patient
2. Date of occurrence
3. Initial event (procedure/diagnosis)
4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event
5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events
6. Date of filing of malpractice claim in court (if applicable)
7. Outcome of claim – include the court disposition, whether or not the case was settled, and the amount of any monetary settlement or judgment made on your behalf.
8. Date of final outcome of claim.

If You Answered YES To Section VI Question #2: **Indicate the total number of malpractice claims that are currently pending against you.** Submit the following for each pending claim:

a. A **detailed explanation** of the claim to include the information as outlined above, numbers 1-6;
b. Copies of the court documents that outline the **statement of charges** (often called the "Complaint");
c. **Letter from the attorney** stating the current status of the claim.

5. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
   a. A copy of the court record, which includes charges and disposition;
   b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions.
   c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
   d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.

6. Application Fee (see Chart below):

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	$156	$156	$156	$65.25	$65.25	$65.25	$65.25	$65.25	$65.25	$156	$156	$156
Odd	$156	$156	$156	$156	$156	$156	$156	$156	$156	$156	$156	$156

License Renewal Fee	$ **121.00 (unless it's the prorated time period)**
Reinstatement Fee	$ 35.00
Total fee due	**$ 156.00**

Please be advised that should you reinstate your license at this time, the expiration date will be October 1, 2020**.** At least 30 days prior to that date you will be sent notification of the need to submit a completed renewal application, the renewal fee payment and evidence of the required continuing competency, on or before the expiration date.

If you have any questions regarding the procedure for reinstatement, please contact me at (402) 471-2118.

Sincerely,

Jan Gadeken-Harris
Health Licensing, Coordinator
Public Health, Licensure Unit
PO Box 94986
Lincoln NE 68508
402-471-2118

jgh/attachments

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Reinstated on: _____

Office Use Only
Revised 10/2018

Department of Health and Human Services
Division of Public Health - Licensure Unit
301 Centennial Mall South, P.O. Box 94986
Lincoln, Nebraska 68509-4986
E-mail: dhhs.medicaloffice@nebraska.gov
Telephone #: 402-471-2118

APPLICATION FOR REINSTATEMENT

☐ *Medicine and Surgery* ☐ *Osteopathic Medicine and Surgery*

FEE: $156.00

License # _____

SECTION A – PERSONAL INFORMATION: All applicants must complete this section) Items 1 and 2 are public information. Name and Licensure information will be displayed on the INTERNET at http://www.nebraska.gov/LISSearch/search.cgi

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name (Last, First, Middle)			
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth:	Month/Day/Year:	Place of Birth (city/state/country):	
4	Check the Appropriate Box(es)	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); ☐ Form I-94 (Arrival-Departure Record) number	SSN# A# I-94 #	
	If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.			
	Phone		Fax (optional)	
	Licensee E-mail Address		Credentialing contact e-mail Address (optional)	

Office Use ONLY			Federation	Yes__	No__
BOARD	Yes__	No__	NPDB	Yes__	No__
			NDEN	Yes__	No__

SECTION B – CONVICTION (All applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days (Neb. Rev. Stat. §38-1, 125) at http://dhhs.ne.gov/Investigations or by requesting a reporting form by telephone at (402) 471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

Conviction Information:

Have you been convicted of a misdemeanor or felony since your license was active?	Type of Crime or Licensure Action			Date of Action	Name of Court/Entity Taking action
	☐ Yes	☐ No			

If you **answered YES**, you must submit the following documents:

a) The court record, which includes charges and disposition;
b) A letter from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
c) All addiction/mental health evaluations and proof of any treatment obtained; and
d) A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation;

Section C: LICENSURE INFORMATION: The following questions relate to a credential that you hold or have held in health services, health related services or environmental services in another jurisdiction.

Are you licensed in any state?	☐ Yes	☐ No	If yes, what State(s) are you licensed in? State	License #	What type of license do you hold?
If yes, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	☐ Yes	☐ No	Type of Licensure Action	Date of Action	Name of Entity taking Action

If you have had any disciplinary actions taken against your credential you will need to request verification of the license be submitted, along with a copy of any public documents regarding any and all actions. This documentation needs to be provided to the office directly from the State Board.

SECTION D - CONTINUING COMPETENCY:

You must have earned ONE of the following within the 24 months immediately preceding that date of application for reinstatement:

- 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA); OR
- One year of participation in an approved graduate medical education program; OR
- The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 24 months immediately preceding the date of application for reinstatement).

All applicants for reinstatement must answer the following question by placing a (✓) in the appropriate box (yes or no):	**Yes**	**No**
Have you met the continuing competency requirements as outlined above?	☐	☐

WAIVER OF CONTINUING COMPETENCY: If you **have not** completed the continuing competency requirement, and wish to apply for a waiver of the continuing competency requirement, check the appropriate reason below:

☐	**Military:** I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.
☐	**Initial License:** I was first licensed within the 24 months immediately preceding my date of application for active status.

SECTION E – CONTROLLED SUBSTANCES REGISTRATION (Check one that applies)

1	☐	I have enclosed a photocopy of my current Federal Controlled Substances Registration.	
		Federal Controlled Substances Registration #:	Expiration Date:
2	☐	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
3	☐	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.	

SECTION F – EXPERIENCE REQUIREMENT:

Indicate that within the three years immediately preceding the application for reinstatement, you meet ONE of the following:

- ☐ I have been in the active practice of the profession of medicine and surgery in Nebraska, another state or a territory, the District of Columbia, or Canada for a period of one year. List this information in the section below.
- ☐ I have had at least one year of approved graduate medical education. List this information in the section below.
- ☐ I have completed continuing medical education approved by the Board. Submit proof of attendance at continuing education, as well as information about the content for Board approval. *See below*
- ☐ I have completed a refresher course in medicine and surgery approved by the Board. Submit proof of attendance at a refresher course as well as information about the content for Board approval. *See below
- ☐ I have completed the special purposes examination approved by the Board. Have scores sent directly to this office. *See below*

Neb. Rev. Stat. 38-2026(4) states that an applicant for a license in medicine and surgery must present proof satisfactory to the Department that he or she, within the three years immediately preceding the application for licensure, (a) has been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year, (b) has had at least one year of graduate medical education as described in subdivision (2) of this section, (c) has completed continuing education in medicine and surgery approved by the board, (d) has completed a refresher course in medicine and surgery approved by the board, or (e) has completed the special purposes examination approved by the board.

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Neb. Rev. Stat. 38-2026.01 gives the Department, with the recommendation of the Board, authority to issue a reentry license to a physician who has not actively practiced medicine for the two-year period immediately preceding the filing of an application for a license or who has not otherwise maintained continued competency during such period as determined by the Board.

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The Board of Medicine and Surgery will review applications for a license, either initial application or reinstatement of license, which do not clearly meet the requirements for experience (continued competency) as outlined in the statutes listed above. The Board will make a recommendation to the Department to either issue the license, deny the application or offer a reentry license to the applicant. (This assumes there are no matters whereby discipline would be appropriate.**) Please be aware, that if a reentry license is decided upon by the Board and Department, the process would be that the application be denied if the applicant does not accept the reentry license.**

List your professional activities for the three years preceding date of application, or since your license was last active, whichever time period is longer.

From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			

From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			

From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			

From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			

SECTION G - QUESTIONS:

(All applicants must complete this section) **Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, include, but not limited to, payment of a civil penalty.** The questions pertain to the time period since the license was last active, unless otherwise specified.

Answer the following questions either yes or no by placing a (✓) in the appropriate box**. All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

SECTION I	**Yes**	**No**
1. Have you had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	☐	☐
2. Have you voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	☐	☐
3. Have you been requested to appear before any licensing agency?	☐	☐
4. Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	☐	☐
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	☐	☐
6. Have you been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	☐	☐
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	☐	☐
SECTION II	**Yes**	**No**
1. Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	☐	☐
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	☐	☐
3. Do you currently, or have you had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	☐	☐
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	☐	☐
SECTION III	**Yes**	**No**
1. Have you been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	☐	☐
2. Have you had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	☐	☐
3. Have you been requested to voluntarily resign or suspend hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	☐	☐
4. Have you been notified that any action against your hospital or institutional privileges is pending or proposed?	☐	☐
5. Have you been allowed to withdraw your staff privileges from a hospital or institution?	☐	☐
6. Have you been subject to staff disciplinary action or non-renewal of an employment contract?	☐	☐

SECTION IV	Yes	No
1. Have you been convicted of a felony?	☐	☐
2. Have you been convicted of a misdemeanor?	☐	☐
3. Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	☐	☐
SECTION V	**Yes**	**No**
1. Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	☐	☐
2. Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?	☐	☐
3. Have you surrendered your state or federal controlled substances registration?	☐	☐
4. Have you had your state or federal controlled substances registration restricted or disciplined in any way?	☐	☐
SECTION VI	**Yes**	**No**
1. Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	☐	☐
2. Are you aware of any professional liability claims currently pending against you?	☐	☐

SECTION H – PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced (profession) in Nebraska since I last held an active credential?	☐ Yes ☐ No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business:
		City:

SECTION I - ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below):*

I attest that:

☐ I am a citizen of the United States; **OR**

☐ I am a qualified alien under the Federal Immigration and Nationality Act; **OR**

☐ I am a nonimmigrant lawfully present in the United States; **OR**

☐ Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

Signature and Application Attestation: **I attest that:**

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

Print Name: _____

Signature: _____ Date: _____